STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 46064 Based on observation, record review, and interview, the facility failed to ensure a resident's care plan was revised for 1 (R #1) of 1 (R #1) resident reviewed for care plans when staff failed to update the care plan: 1. To accurately reflect the removal of a bathroom door alarm placed to prompt Certified Nurse Aide (CNA) /staff to check on the resident. 2. To reflect the use of a fall mat (a mat placed on the floor beside a resident's bed in case a resident falls out of bed). 3. To reflect the use of an anti-roll back device (a device used prevent a wheelchair from rolling back and away from the user as they attempt to sit down or stand up from the wheelchair) for R #1's wheel chair. This deficient practice is likely to result in staff not being aware of the residents care needs and preferences, and residents not receiving the needed care. The findings are: Door alarm: A. On 01/21/25 at 3:09 PM during an interview with the facility Maintenance Manager (MM), he stated that he installed an alarm on R #1's bathroom door so that staff knows when R #1 goes into the bathroom. B. On 01/22/25 at 9:15 AM during an observation of the facility revealed R #1's bathroom door was opened and housekeeping was inside mopping the floor. It was further observed that the alarm was not on the door. C. Record review of R #1's Care Plan dated 11/18/24 revealed the following intervention bathroom door alarm placed to prompt CNA/staff to check on resident. Date Initiated: 11/05/2024 D. On 01/22/25 at 11:19 AM during an interview with Certified Nurse Aide (CNA) #2, she stated R #1 used to have an alarm on his bathroom door. She further stated that she noticed the alarm was gone approximately one month ago. She did not know why or who removed the door alarm. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	E. On 01/22/25 at 11:31 AM during an interview with CNA #3, she stated R #1 had an alarm on his bathroom door to alert staff when he was going into the bathroom. She further stated the alarm was no longer on the door, but she is not sure when it was removed. F. On 01/22/25 at 2:19 PM during an interview with the MM, he stated the alarm was no longer on R #1's bathroom door. He further stated that he found out a few weeks ago that the alarm had been removed. He did not know who removed it or why it was removed. He stated that someone on the clinical team asked him to put the alarm on the door. G. On 01/22/25 at 3:15 PM during an interview with the Director of Nursing (DON), she stated she was not aware of an alarm on R #1's bathroom door. She further stated the Care Plan should have been updated when the alarm was placed and/or removed and it was not. The DON stated that there should also be an order for the alarm placement and/or removal and there is not. H. On 01/23/25 at 2:12 PM during an interview with Registered Nurse (RN) #1, she stated she is the one who removed the alarm and does not remember the date she removed the alarm. RN #1 further stated she saw the alarm when she walked out of R #1's room. It was a doorbell looking alarm. RN #1 stated she thought the alarm was a restraint so she removed it. It was sometime between October and November of 2024. Floor mat: I. On 01/22/25 at 9:15 AM during an observation of R #1's room revealed a blue mat folded up and tucked behind a shelf. J. On 01/22/25 at 11:17 AM during an interview with Registered Nurse (RN) #2, she confirmed the blue mat was a fall mat. She further stated that the mat was used to prevent injury if R #1 falls during a seizure. K. Record Review of R #1's Care Plan dated 11/18/24 revealed the plan did not contain any documentation of the fall mat. L. On 01/22/25 at 3:15 PM during an interview with the DON, she stated the mat was used when R #1 was in bed. It is to protect him from injury if he falls out of bed while having a seizure. She verified the mat should have an order and should be care planned and the mat was not. Anti-lock device: M. On 01/23/25 at 11:39 AM during a random meal observation in the dining room, R #1's wheelchair had an anti-roll back device. N. Record review of R #1's Care Plan dated 11/18/24 revealed the plan did not contain any documentation of the use of the anti-roll back device. O. On 01/23/25 at 12:02 PM during an interview with the Director of Rehab (DOR), she stated R #1 has a regular wheelchair with an anti-roll back device. She further stated that the device helps prevent falls if R #1 was to stand up and forgets to put his brakes on the device will automatically put brakes on for him. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	P. On 01/23/25 at 12:10 PM during an interview with the Minimum Data Set Coordinator, she stated the anti-roll back device should be care planned and it is not. She further stated it also should have a physicians order for it's use and there is not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46064 Based on record review and interview, the facility failed to meet professional standards of quality for 1 (R #1) of 1 (R #1) resident reviewed by not obtaining physicians orders to: 1. Install an alarm on R #1's bathroom door. 2. For the use of a fall mat during R #1's seizures. 3. For the use of an anti-roll back device on R #1's wheelchair. If the facility is not ensuring that physician orders are obtained and followed, the residents may not be getting the appropriate treatment and the intended treatment effects. The findings are: A. On 01/21/25 at 3:09 PM during an interview with the facility Maintenance Manager (MM), he stated he had installed an alarm on R #1's bathroom door so that staff would know when R #1 goes into the bathroom. He further stated that he did not remember an exact date of the installation. B. Record review of R #1's Physicians Orders dated 01/23/25 revealed the order did not contain any active or discontinued orders for a door alarm, fall mat and an anti-roll back device. C. On 01/22/25 at 3:15 PM during an interview with the Director of Nursing, she stated there should be an order for the door alarm, fall mat and anti-roll back device and there is not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. 46064 Based on record review and interviews, the facility failed to provide foot care for 1 (R #1) of 1 (R #1) resident reviewed for diabetic foot care (involves daily inspection and washing of your feet, keeping toenails trimmed, wearing well-fitting shoes and socks or slippers to protect your feet, getting regular check-ups during healthcare visits to ensure your feet stay healthy and free from complications) If the facility is not ensuring residents toe nails are clipped timely, then residents are likely to experience discomfort or be at risk for infection. The findings are: A. On 01/21/25 at 1:01 PM during an interview with R #1's daughter, she stated her father's toe nails are very long and need to be trimmed. She further stated she had requested a podiatry (medical care and treatment of the human foot) appointment for her father the first week in December of 2024 and an appointment had not been scheduled. B. On 01/22/25 at 10:30 AM during an interview with the scheduler, she stated R #1 was last seen by the podiatric technician on 01/16/25. Podiatry note dated 01/16/25 revealed R #1 was seen for follow up nail care where nails were trimmed and filed. She further stated she could not find the date of the previously scheduled podiatry appointments. That documentation was not available for review. C. On 01/23/25 at 10:23 AM during an interview with Certified Nurse Aide (CNA) #4, she stated she is a hospice CNA and shower R #1 are once a week. She further stated the facility showers R #1 an additional two times a week. CNA #4 stated R #1's toe nails were long when she showered him yesterday (01/22/25) and she had documented the toe nails on his shower sheet. She further stated R #1 was diabetic and CNA's are not allowed to cut diabetics toe nails. D. On 01/23/25 at 2:30 PM during an interview with CNA #1, she stated the facility showers R #1 two times a week and hospice showers him once a week. She further stated R #1's toe nails were long on Monday (01/20/25) when she showered him last and that it was documented on the shower sheet. E. Record review of R #1's shower sheets dated 01/06/25 and 01/22/25 revealed that podiatry care was needed. F. On 01/23/25 at 2:45 PM during an interview with the Director of Nursing (DON), she stated the nail care for diabetics is very important. The expectation is that physicians orders be followed and podiatry appointments be scheduled timely so that nail care can be maintained. G. Record review of R #1's physicians orders dated 12/12/24 revealed diabetic foot care/check daily observation of feet, toes, ankles, sides noting any alteration in skin integrity color, temperature and cleanliness, inspect shoes for proper fit and excessive wear, check pedal pulses, every day and night shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 47091 Based on observation and interview the facility failed to provide proper infection control practices for 1 (R #1) of 1 (R #1) resident reviewed for infection control by: 1. Not ensuring R #1's bathroom is clean and sanitary. 2 Not ensuring bathroom floor remained free of feces (waste matter discharged from the bowels after food has been digested). 3. Not ensuring handheld shower head was not on the bare floor. 4. Not ensuring wash bins and cloths for a bed bath were left uncovered under the bathroom sink. 5. Not keeping R #1's room and bathroom free of foul odors. Failure to adhere to an infection control program is likely to cause the spread of infections and illness to residents and staff within the facility. The findings are: A. On 01/14/25 at 9:44 am during observation of R #1's room revealed the bathroom lighting was very dim and the room had a foul odor. Feces was present on bathroom floor, the bathroom floor was sticky, and urine was in the toilet. The shower head laid on the bare floor underneath a raised toilet seat in the shower. Two wash bins were on the bare floor under the sink, one wash bin contained dirty wash cloths. B. On 01/14/25 at 9:52 am during interview with Certified Nurse Aide (CNA) #1, she stated R #1's bathroom usually has a foul smell and has feces on the floor and walls. CNA #1 stated R #1 takes showers in the bathroom with his brief on and will flush his briefs and paper towels down the toilet causing the drain to backs up. CNA #1 further stated that this is an ongoing issue. C. On 01/14/25 at 10:07 am during interview with the Director of Nursing (DON), she stated she was unaware of the condition of R #1's bathroom. She confirmed that the shower head should not be laying on the floor, the wash bins should not be on the floor and there should not be feces on the floor. She further stated that the bathroom condition was unacceptable. D. On 01/14/25 at 10:45 am during interview with Housekeeping Director (HD) and Housekeeping Account Manager (HAM), they stated housekeeping does not clean body fluids. The CNA's will clean the body fluids and feces and then housekeeping will disinfect the areas. After viewing photos of R #1's bathroom, HD instructed HAM to increase rate of cleanings of R #1's bathroom to twice a day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Potential for minimal harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 39509 Based on observation and staff interviews, the facility failed to ensure the central patio walkway was smooth and level. This affected all residents who use the patio for smoking and other activities. This deficient practice has the potential to cause residents, staff and/or visitors to receive injuries related to tripping and falls. The findings are: A. On 01/21/25 during observation of the central patio area there were areas where the paved concrete and brick pavers (bricks that are made and placed to create a walkway) laid out in a pathway design and many of the bricks were broken and some areas of the concrete were chipped and broken. The broken pavers and chipped concrete areas were uneven leaving some areas with a 1/2 inch hole and in other areas a change in elevation from one area to another. B. On 01/21/25 at 3:00 pm during interview with facility Business Office Manager (BOM), she stated she had taken a walking tour with an observer from a payee program (insurance company) in October 2024. She stated that during this tour, it was pointed out by the observer that the patio area was a fall risk to residents due to the chipped bricks and broken concrete. BOM stated she provided this information and observation to the Maintenance Manger immediately after the tour. C. On 01/21/25 at 3:10 pm during interview with the facility maintenance manager (MM), he stated he was aware of the conditions in the patio. He acknowledged the areas were uneven and that the areas might be a fall risk to residents who are unsteady or use a walker. He stated he had submitted a request for money to repair the area and he was waiting for a response to move forward with the repairs. He stated there was no current date to make repairs to the patio area.